

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

|                          |  |
|--------------------------|--|
| DATE: <u>3/24/00</u>     | FROM: <u>S. G. waag Cray</u> (print name)  |
| FORWARD TO:              | REASON(S):   |
| A. Art Unit: <u>2756</u> | <input type="checkbox"/> A. You had Parent<br><input checked="" type="checkbox"/> B. See Title<br><input checked="" type="checkbox"/> C. See Abstract<br><input type="checkbox"/> D. See Claim(s): _____ |
| B. Class: <u>709</u>     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |
| C Subclass: <u>200?</u>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |

FURTHER EXPLANATION IF NEEDED:  
*LAW*

|                    |  |
|--------------------|--|
| DATE: _____        | FROM: _____ (print name)   |
| FORWARD TO:        | REASON(S):   |
| A. Art Unit: _____ | <input type="checkbox"/> A. You had Parent<br><input type="checkbox"/> B. See Title<br><input type="checkbox"/> C. See Abstract<br><input type="checkbox"/> D. See Claim(s): _____ |
| B. Class: _____    | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |
| C Subclass: _____  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |

## FURTHER EXPLANATION IF NEEDED:

|                       |  |
|-----------------------|--|
| DATE: _____           | FROM: _____ (print name)   |
| FORWARD TO CLASSIFIER | REASON(S):   |
|                       | <input type="checkbox"/> A. You had Parent<br><input type="checkbox"/> B. See Title<br><input type="checkbox"/> C. See Abstract<br><input type="checkbox"/> D. See Claim(s): _____ |
|                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |

## FURTHER EXPLANATION IF NEEDED:

|                                    |  |
|------------------------------------|--|
| DISPOSITION BY 2700 CLASSIFICATION |  |
| DATE: _____                        | CLASSIFIER: _____  |
| FORWARD TO:                        | REASON(S):   |
| A. Art Unit: _____                 | <input type="checkbox"/> A. You had Parent<br><input type="checkbox"/> B. See Title<br><input type="checkbox"/> C. See Abstract<br><input type="checkbox"/> D. See Claim(s): _____ |
| B. Class: _____                    | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |
| C Subclass: _____                  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |

## FURTHER EXPLANATION IF NEEDED: